

Important information

This form must be mailed to: **Resolution Life, GPO Box 3306, Sydney NSW 2001**

Contact phone number: **1800 624 100** between 9 am and 5 pm (AEST/AEDT), Monday to Friday, excluding public holidays.

Please note:

- Please complete this form using black or blue ink in capital letters. Mark appropriate answer boxes with a tick (✓).
- Fields marked with an asterisk (*) must be completed for the purposes of anti-money laundering and counter-terrorism financing laws and the Foreign Account Tax Compliance Act (FATCA).

Section 1 – Personal details (all fields must be completed)

Policy number

Policy owner

Title Mr Mrs Miss Ms Other

Given name(s)*

Surname*

Full Company/Trust/Fund name

Residential address*

State Postcode Country

Postal address*

State Postcode Country

Date of birth (dd/mm/yyyy)*

Mobile number

Alternate phone number

Email address

Joint policy owner

Title Mr Mrs Miss Ms Other

Given name(s)*

Surname*

Residential address*

State Postcode Country

Postal address*

State Postcode Country

Date of birth (dd/mm/yyyy)*

Mobile number

Alternate phone number

Email address

Section 2 – Withdrawal amount

Please indicate (✓) type of withdrawal:

Partial withdrawal[^] – amount Full withdrawal^{^^} Full rollover^{^^}

I would like to rollover the withdrawal value into the super fund named below.

Fund name

Fund address

If you choose to rollover the withdraw amount to an Australian super fund, please complete **section 3**.

[^] This option is not available for annuities purchased with super money and Lifetime Income annuities. The minimum amount for a partial withdrawal is \$5,000 and the remaining balance must be at least \$10,000.

^{^^} The policy schedule must be returned with this form before we are able to make a full withdrawal. If the policy schedule is lost, please tick the box in the declaration section of this form.

Section 3 – Rollover details

Fund name

Australian Business Number (ABN)

Unique Superannuation Identifier (USI)

Membership or account number

Fund phone number

Section 4 – Payment details (please complete all details of your nominated Australian bank, building society or credit union account.)

Account name

BSB number

Account number

Section 5 – Identification (ID) requirements

You are required to complete this section and attach your certified ID documents and (if applicable) certified ID documents of your Power of Attorney. Please provide:

- One primary photographic identification
- Two primary non-photographic identification, or
- One primary non-photographic and one secondary identification.

For a valid certification, the certifier must confirm that the photocopy is a true and correct copy of the original documents, followed by their signature, name, qualification and date.

Section 1: Acceptable primary photographic identification	Policy owner	Joint policy owner
Select one valid option from this section only		
• Driver licence issued in Australia or New Zealand containing a photograph of the person, which has not expired for more than 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
• An Australian passport issued by the Commonwealth, which has not been expired for two years or more.	<input type="checkbox"/>	<input type="checkbox"/>
• Proof of Age Cards issued under a law of a state or territory.	<input type="checkbox"/>	<input type="checkbox"/>
• NSW Photo Card and Birth Card, or a WA Photo Card.	<input type="checkbox"/>	<input type="checkbox"/>
• A national identity card, international passport or similar document issued by a foreign government, United Nations (UN) or an agency of the UN, containing a photograph and signature of the person.	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 – Identification (ID) requirements (continued)

Section 2 – Acceptable primary non-photographic identification (Complete this section if you do not own a document from section 1)	Policy owner	Joint policy owner
<p>Select EITHER two valid options from this section –</p> <ul style="list-style-type: none"> • Australian birth certificate. • Australian citizenship certificate. • A concession card defined in the Social Security Act 1991 and issued by Services Australia (formally the Department of Human Services/Centrelink), or the Department of Veterans Affairs, being one of the following: <ul style="list-style-type: none"> - A pensioner concession card - A health care card, or - A senior’s health card. - A citizenship certificate issued by a foreign government. - A birth certificate issued by a foreign government, United Nations (UN) or an agency of the UN. <p>OR – select one valid option from section 2 above and one valid option from section 3.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Section 3 – Acceptable secondary identification (The document must contain both your full name and residential address)</p>		
<ul style="list-style-type: none"> • A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth or a refund by the Commonwealth to you (e.g. notice of assessment). • A notice issued by a local government body or utilities provider within the preceding three months that records the provision of services to you (e.g. rates, gas, water, electricity bill). • A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you (e.g. pension statement). 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Section 4 – Individuals that reside in an aged care facility (Only complete this section if the documentation requirements on section 1, 2 and 3 cannot be met and you reside in an aged care facility.)</p>		
<ul style="list-style-type: none"> • A notice or invoice issued by the aged care facility at which you reside, issued within the preceding three months, that records your name and the provision of care services to you, and • A letter from Centrelink or Medicare which confirms your address is that of the aged care facility and/or which confirms that the aged care facility is receiving benefits on behalf of you. 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Please note:

- For lifetime policies, at least one form of ID must contain your date of birth.
- Documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.
- Documents in a previous name must be accompanied by a change of name certificate (e.g. marriage certificate).

Persons who can certify documents

A person who is currently licensed or registered under a law to practise in one of the following occupations:

- | | | | |
|----------------------|------------------------|-------------------|-----------------------|
| • Chiropractor | • Medical practitioner | • Patent attorney | • Psychologist |
| • Dentist | • Nurse | • Pharmacist | • Trademarks attorney |
| • Legal practitioner | • Optometrist | • Physiotherapist | • Veterinary surgeon. |

A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described) or a person who is in the following list:

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- An officer with, or a credit representative of, a holder of an Australian Credit Licence (ACL), having two or more years of continuous service with one or more licensees
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years of continuous service with one or more licensees

- Australian Consular Officer, within the meaning of the Consular Fees Act 1955. This includes a person appointed to hold or act in any of the following offices of the Commonwealth (of Australia) in a country or place outside Australia:
 - (a) Consul-General
 - (b) Consul
 - (c) Vice-Consul
 - (d) Trade Representative
 - (e) Consular Agent

- Australian Diplomatic Officer, within the meaning of the Consular Fees Act 1955. This includes a person appointed to hold or act in any of the following offices of the Commonwealth (of Australia) in a country or place outside Australia:
 - (a) Ambassador
 - (b) High Commissioner
 - (c) Minister
 - (d) Head of a Mission
 - (e) Commissioner
 - (f) Charge d'Affaires
 - (g) Counsellor, Secretary or Attache at an Embassy, High Commissioner's office, Legation or similar
- Bailiff
- Bank officer with two or more continuous years of service
- Building society officer with two or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with two or more years of continuous service
- Employee of the Australian Trade and Investments Commission who is:
 - (a) in a country or place outside Australia and
 - (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955 and
 - (c) exercising his or her function in that place
- Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia and
 - (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955 and
 - (c) exercising his or her function in that place
- Fellow of the National Tax Accountants' Association
- Finance company officer with two or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force who is:
 - (a) an officer or
 - (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or
 - (c) a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
- Member of:
 - (a) the Parliament of the Commonwealth or
 - (b) the Parliament of a State or
 - (c) a Territory legislature or
 - (d) a local government authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public
- Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority or
 - (b) a State or Territory or a State or Territory authority or
 - (c) a local government authority or
 - (d) With two or more years of continuous service and the person is not already specified in another item on this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - (a) The Commonwealth or a Commonwealth authority or
 - (b) a State or Territory or a State or Territory authority
- Sherriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution.

Section 6 – Declaration and acknowledgment

By signing this form I declare as follows:

- All answers given on this form are true and correct.
- I/We indemnify Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) against any liabilities whatsoever arising out of it acting on any of these details provided by me in connection with this form.
- I/We understand that once my withdrawal is finalised it will not be reversed.
- I/We understand that where I am/we are withdrawing from a Lifetime Income Annuity before the end of the guaranteed period, a Withdrawal Value will be payable and the annuity will come to an end.
- By signing this form I/we declare that I/we have read and understood the Product Disclosure Statement.
- If this form is signed under Power of Attorney, the Power of Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this form).

Section 6 – Declaration and acknowledgment (continued)

Please indicate in the tick (✓) box below if you have lost your policy schedule.

- I/We confirm that I/we have lost the policy schedule and declare:
- The policy owner(s) is/are the legal owner(s) of the above named policy.
 - The policy is not currently the subject of an assignment, transfer, charge or lien and the policy owner(s) has/have not in any way parted with their interest in it.
 - I/We have made a thorough search for the policy schedule and it cannot be found.

Signature of policy owner

Date (dd/mm/yyyy)

Signature of joint policy owner

Date (dd/mm/yyyy)

Signature of Director/Company officer/trustee

Date (dd/mm/yyyy)